



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E269418**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE # **13-02289**

LOCAL AGENCY CODING ☐

TOTAL # OF UNITS **03** OBJECT STRUCK ☐

DATE OF COLLISION **09** - **12** - **2013** TIME (2400) **0737** COUNTY # **31** MILES ☐ N ☐ E ☐ S ☐ W ☐ IN ☒ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

LAKEVIEW DRIVE BLOCK NO. ☒ **10700** MILE POST ☐

DISTANCE **125** **00** MILES ☐ N ☐ E ☐ S ☒ W ☒ OF (REFERENCE OR CROSS STREET) **CEDAR ROAD**

UNIT 01 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253976344**

LAST NAME **TUNNELL** FIRST NAME **ISAIAH** MIDDLE INITIAL **O**

STREET NEW ADDRESS **4153 HWY 78**

CITY **SANTA YSABEL** ST **CA** ZIP **920700000**

CDL ☐ RESTRICTIONS **0, 1** ENDORSEMENTS ☐

DRIVER'S LICENSE # **F4255046** STATE **CA** SEX **M** D.O.B. **08** - **19** - **1996**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **181XEJ** STATE **WA** VIN# **2G1WB58K689246312**

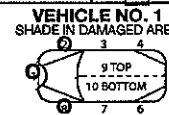
TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2008** MAKE **CHEV** MODEL **IMP4D** STYLE **4D** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **ANTONY BALL 1826 VERNON RD LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **FARMERS INS CO 187836502**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐ CHARGE ☐



UNIT 02 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4255838127**

LAST NAME **WEBB** FIRST NAME **BAYLEE** MIDDLE INITIAL **A**

STREET NEW ADDRESS **9115 7TH ST SE APT A**

CITY **LAKE STEVENS** ST **WA** ZIP **982583799**

CDL ☐ RESTRICTIONS **B** ENDORSEMENTS ☐

DRIVER'S LICENSE # **WEBB\*BA047J0** STATE **WA** SEX **F** D.O.B. **04** - **20** - **1996**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **7** NATURE OF INJURIES **COMPLAINT OF NECK PAIN - TRANSPORTED**

LICENSE PLATE # **AFP1307** STATE **WA** VIN# **KMHDN46D15U931770**

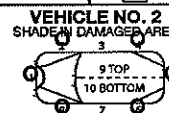
TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2005** MAKE **HYUN** MODEL **ELA4DR** STYLE **4T** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **CORI SHARP 9115 7TH ST SE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **PROGRESSIVE INS CO 900459214**

VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # ☐ CHARGE ☐



OFFICER'S NAME (PRINT) **D. CARTER** BADGE OR ID # **121** AGENCY **WA0311900**



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E269418**

CASE # **13-02289**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #										SEX		D.O.B. MMDDYYYY							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #										SEX		D.O.B. MMDDYYYY							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #										SEX		D.O.B. MMDDYYYY							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Please see subsequent narrative pages

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**D. CARTER**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**09-12-13 04:21 PM**

DATED

PLACE SIGNED

APPROVED BY

**JEFF LAMBIER 104**

DATE

**9/12/2013 8:36:56 PM**

BADGE OR ID # **121**

ORI # **WA0311900**

TIME POLICE DISPATCHED **7:37 AM**

TIME POLICE ARRIVED **7:37 AM**

## NARRATIVE

Traffic unit #1 was traveling east bound on Lakeview Drive at about the 10700 block. Traffic unit #1 failed to stop for stopped traffic within the traffic lane, and collided with the rear of traffic unit #2 which was also east bound on Lakeview Drive. The impact of the collision caused traffic unit #2 to roll forward and collide with the rear of traffic unit #3, which was also east bound on Lakeview Drive and stopped for traffic in the traffic way.

-This collision was originally dispatched to units prior to the time of this report. Dispatched units were unable to locate the vehicles involved in this collision and cleared the scene thereafter.

-Upon arriving at the LSHS, I was advised of the collision by parties involved, as they were parked in front of the school.

-Traffic unit #1 operator stated the windshield fogged over inside the vehicle, preventing him from being able to see stopped traffic in the traffic way.

-Traffic unit #2 operator stated she has a possible neck injury as she is suffering from neck pain, and was advised to sit back inside her vehicle while LSFD aide personnel responded, to which she complied.

-Traffic unit #2 operator was later transported to Providence Medical Center as a precautionary measure, due to her level of discomfort and being unable to contact a responsible guardian.

-Traffic unit #1 suffered reportable damage about the front end of the vehicle.

-Traffic unit #2 suffered reportable damage about the front and rear of the vehicle.

-Traffic unit #3 suffered non-reportable damage which appeared to be a scratch about the rear bumper.

-All vehicles were later driven from the scene.

-A written statement from traffic unit #1 operator was obtained and later attached to this report.

-Digital images were taken of the motor vehicles involved and later attached to this report.



SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT



013197

REPORT NO. **E269418**

CASE # **13-02289**

COMMERCIAL MOTOR CARRIER

UNIT #

USDOT

ICC #

INTERSTATE

INTRASTATE

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

# AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE

☒

PEDAL CYCLE

☐

PEDESTRIAN

☐

PROPERTY OWNER

☐

DAMAGE THRESHOLD MET

YES

NO

☒

PHONE

D: 4252639092

LAST NAME

DANG LE

FIRST NAME

GRACIE

MIDDLE INITIAL

T

STREET NEW ADDRESS

2329 84TH AVE NE

CITY

LAKE STEVENS

ST

WA

ZIP

982586459

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

DANGLGT362RU

STATE

WA

SEX

F

D.O.B.

MMDDYYYY

12

-

31

-

1964

ON DUTY

☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET USE

2

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

946YPK

STATE

WA

VIN#

JH4KA96624C005015

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2004

MAKE

ACUR

MODEL

35RL4D

STYLE

4D

VEHICLE TOWED

YES

NO

☒

TOWED BY

GOVT VEHICLE

YES

NO

☒

REGISTERED OWNER INFO. BILLY DANG 2329 84TH AVE NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT

☒

INSURANCE CO & POLICY #

TRAVELERS INS CO 990519213

VEHICLE LEGALLY STANDING

YES

☒

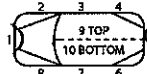
NO

☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE

☐

PEDAL CYCLE

☐

PEDESTRIAN

☐

PROPERTY OWNER

☐

DAMAGE THRESHOLD MET

YES

NO

☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B.

MMDDYYYY

-

-

-

ON DUTY

☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED

YES

NO

☐

TOWED BY

GOVT VEHICLE

YES

NO

☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT

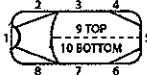
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INSURANCE CO & POLICY #

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

D. CARTER

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

09-12-13 04:21 PM

DATED:

PLACE SIGNED

BADGE OR ID #

121

ORI #

WA0311900

APPROVED BY

LAMBIER

DATE

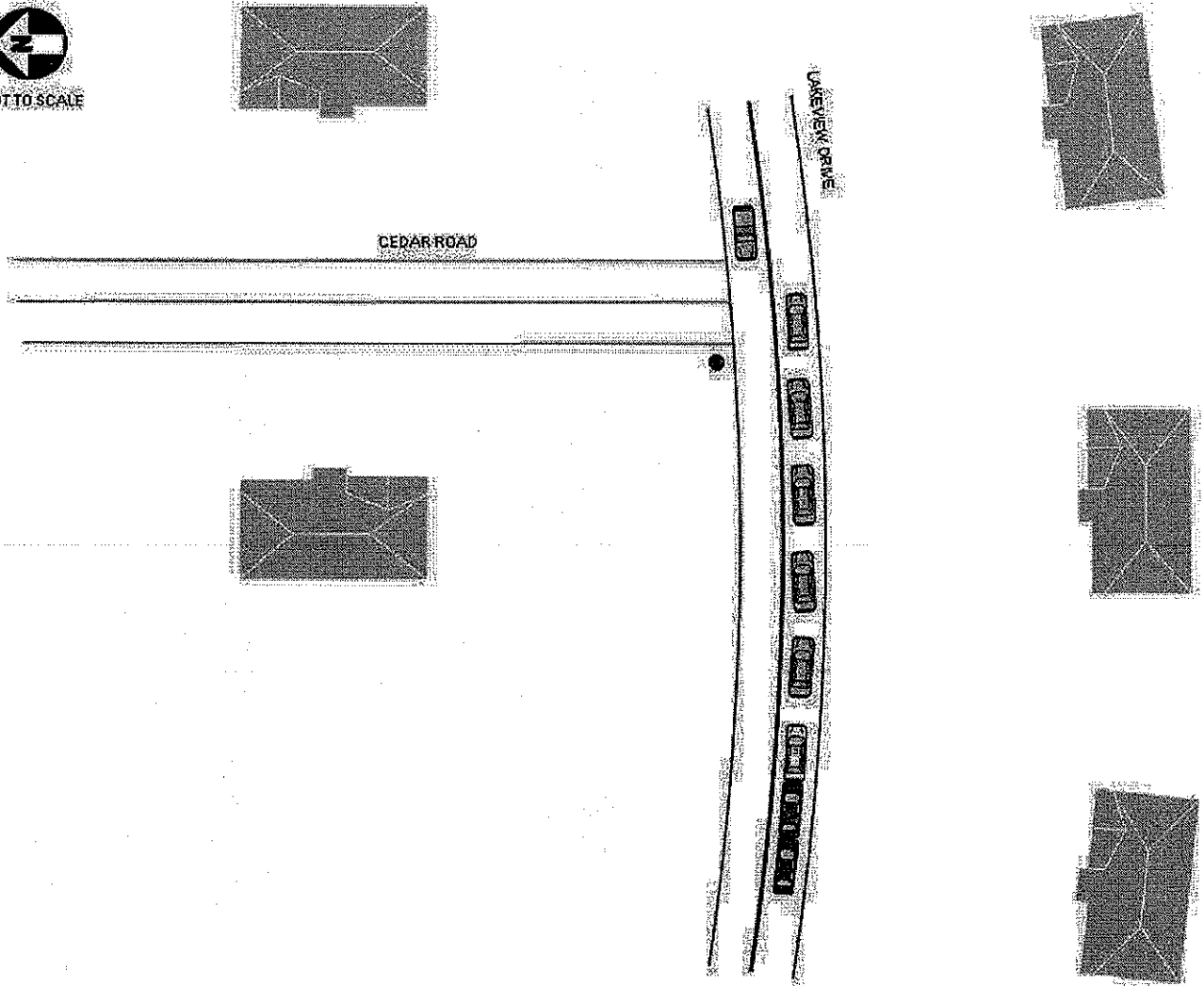
9/12/2013

PAGE

4

OF

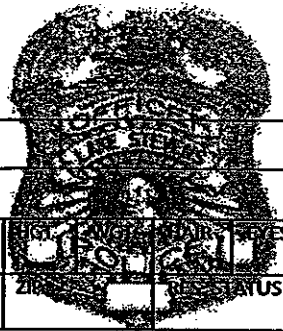
5



# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER 13-02289



### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Tunnell Owen <del>Isaac</del> Isaac</u>	RACE	ETH	SEX <u>M</u>	DOB <u>8-19-96</u>	AGE <u>17</u>	STATUS
STREET ADDRESS <u>4183 Hwy 78</u>		CITY <u>Santa Isabel</u>		STATE <u>CA</u>		ZIP	
HOME PHONE <u>760 765 3871</u>		CELL PHONE <u>579 3887</u>		PLACE OF EMPLOYMENT			
WORK PHONE		EMAIL ADDRESS					

I, Tunnell Owen Isaac, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

When we started window was fogged but cleared up. Driving along and it fogged up again quickly and I couldn't see and I hit person ahead of me.

ORIGINAL  
LSPD

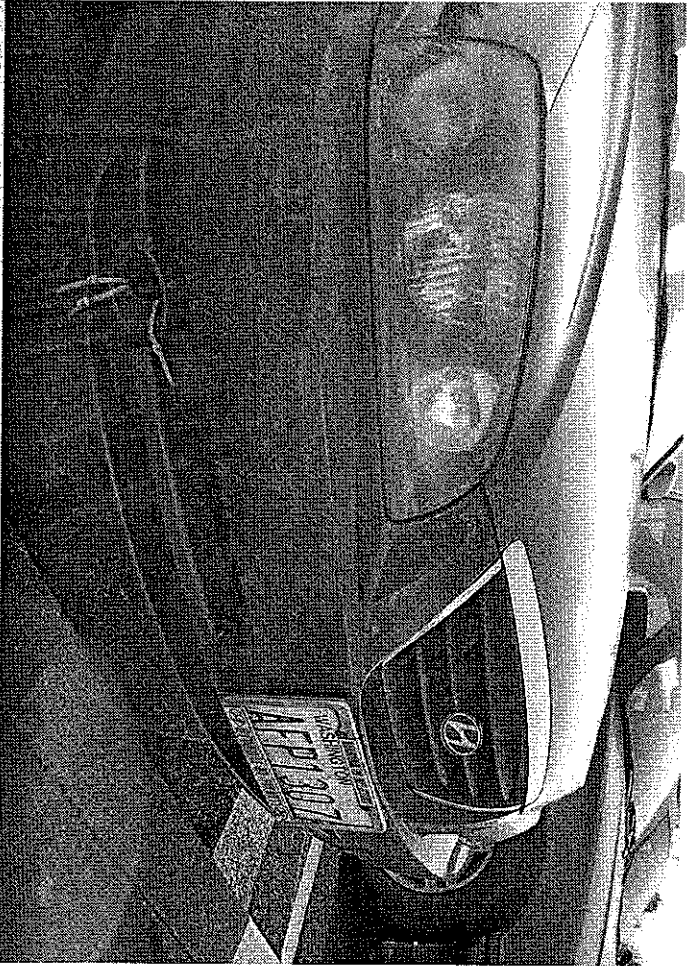
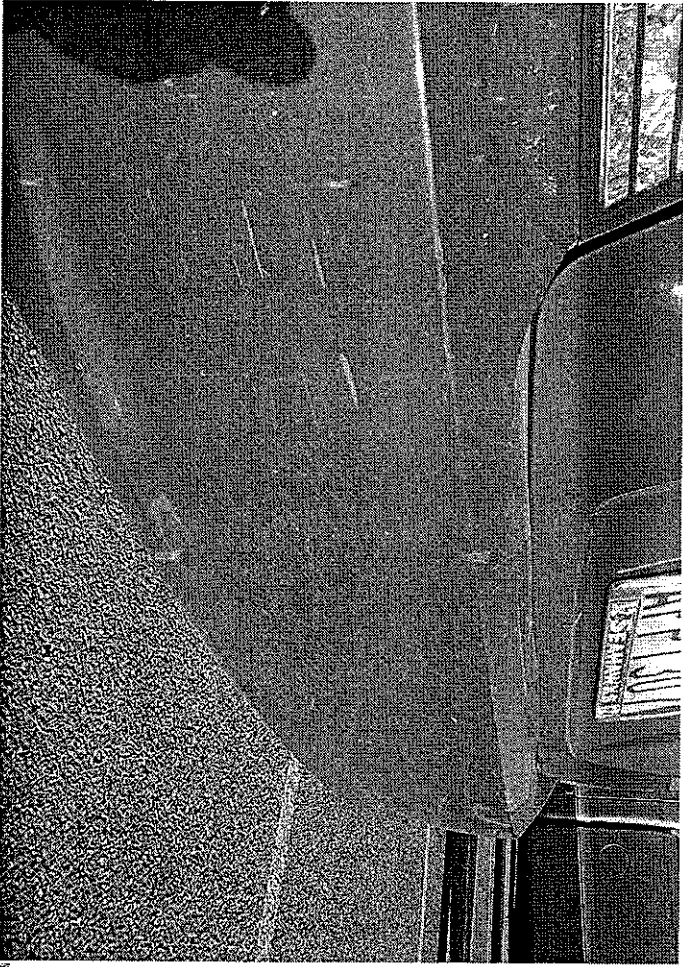
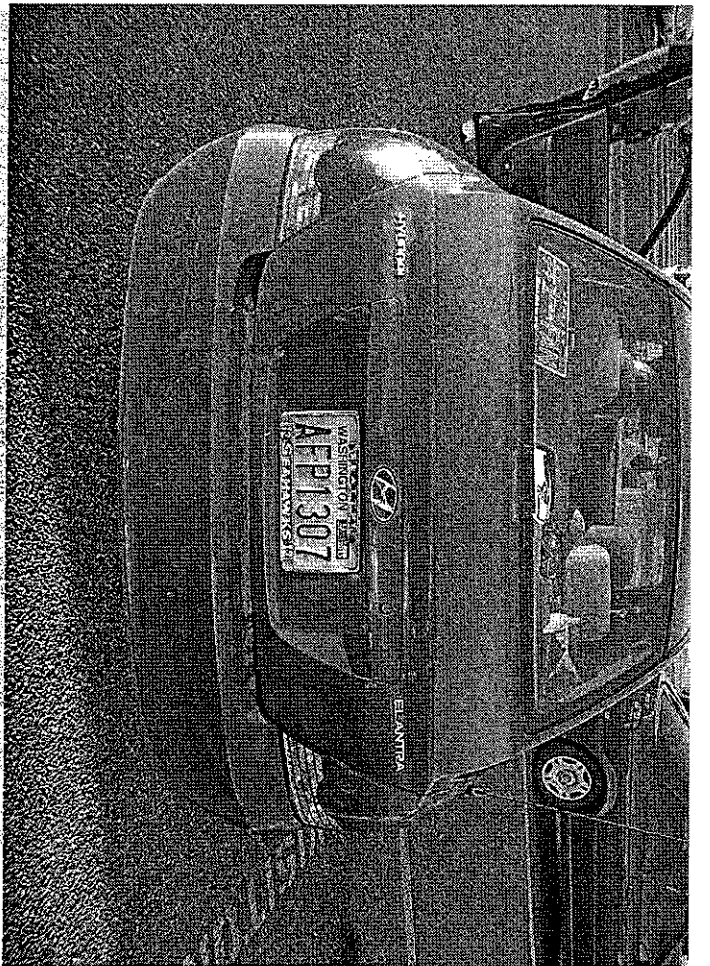
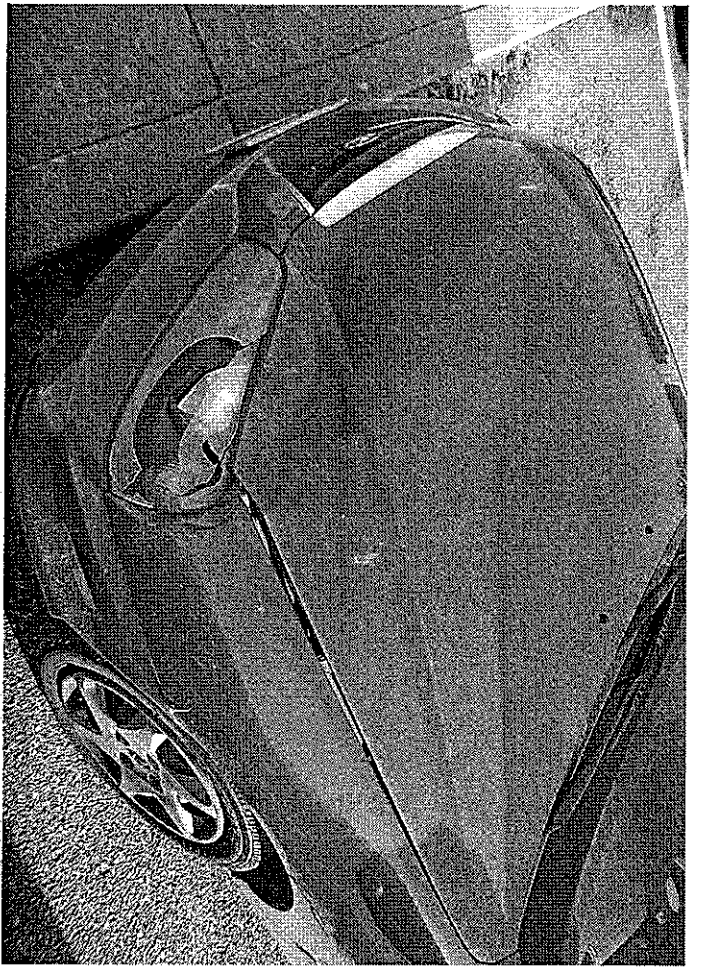
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Owen Tunnell</u>	DATE SIGNED <u>9-12-13</u>	LOCATION SIGNED <u>Lake Stevens High School</u>
OFFICER/NUMBER: <u>D Carter 121</u>	DATE SIGNED <u>09 12 13</u>	LOCATION SIGNED <u>2500</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

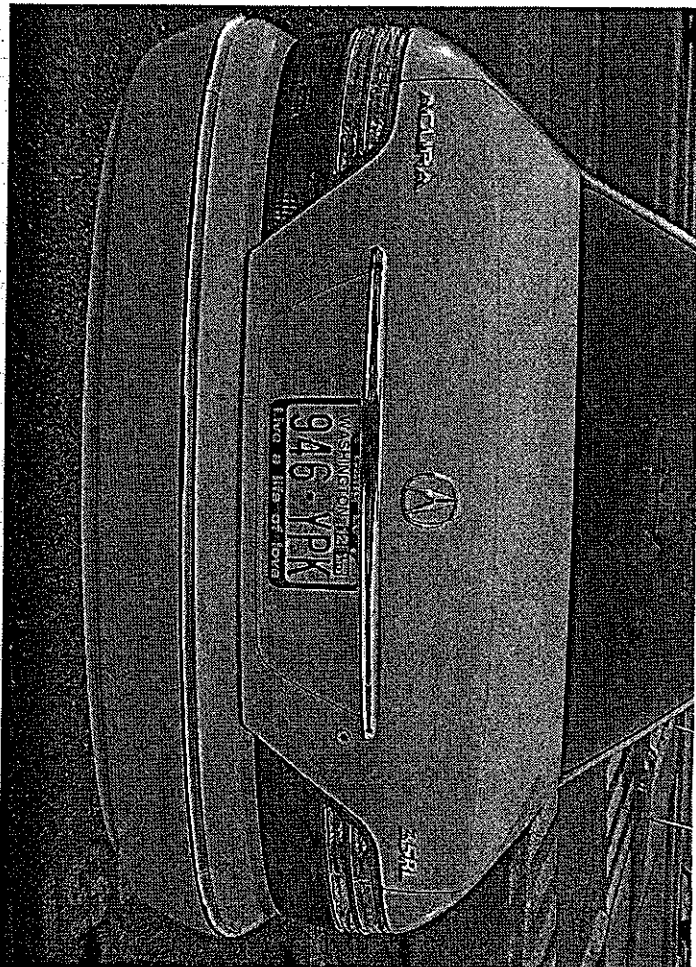
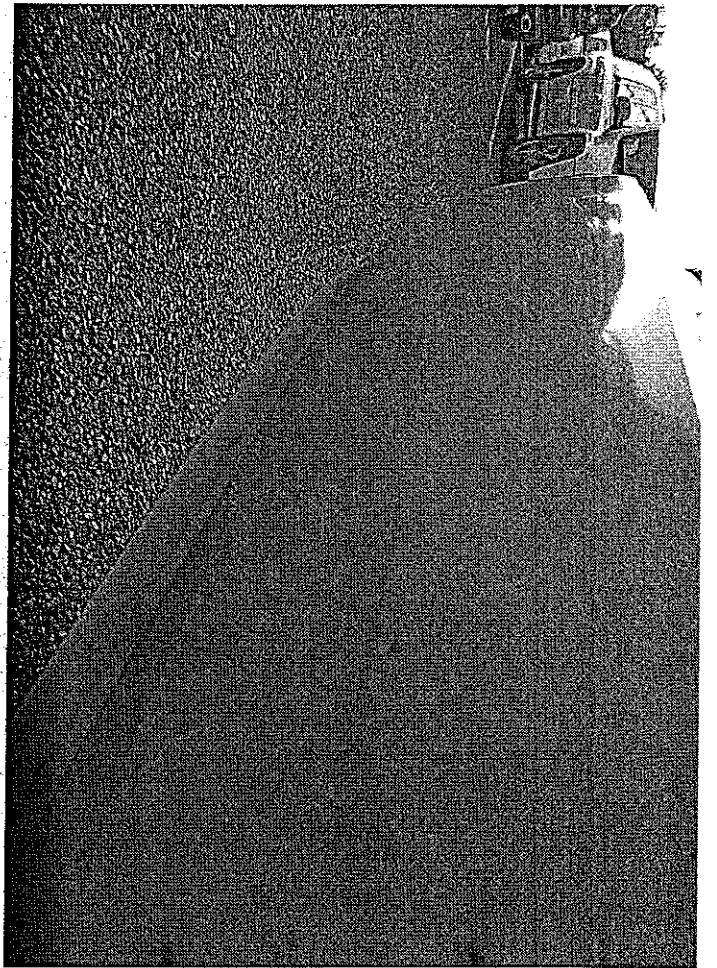
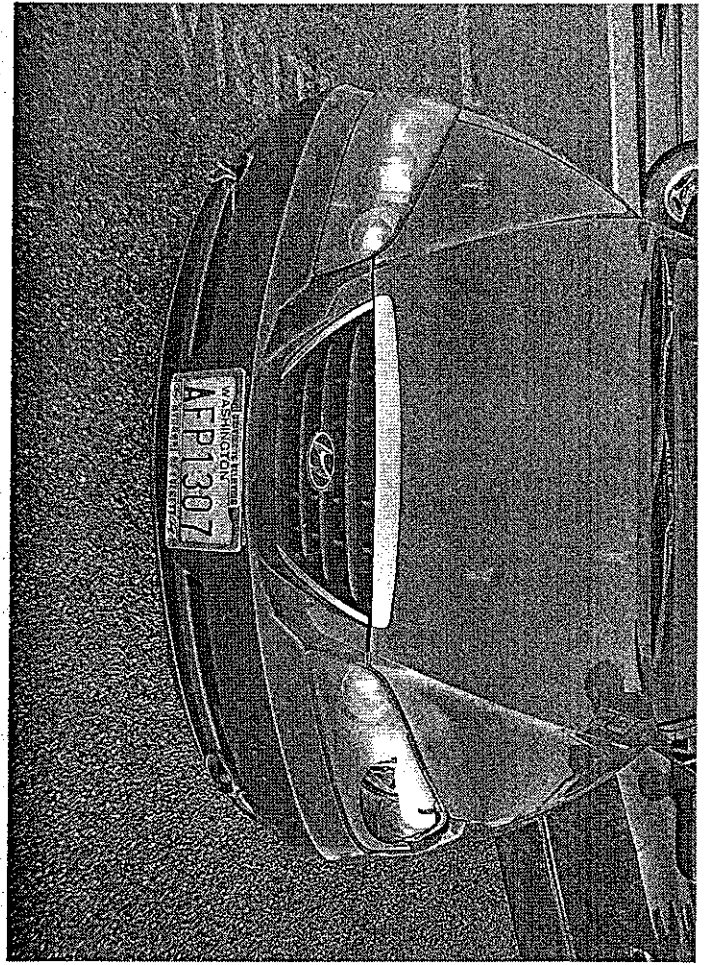
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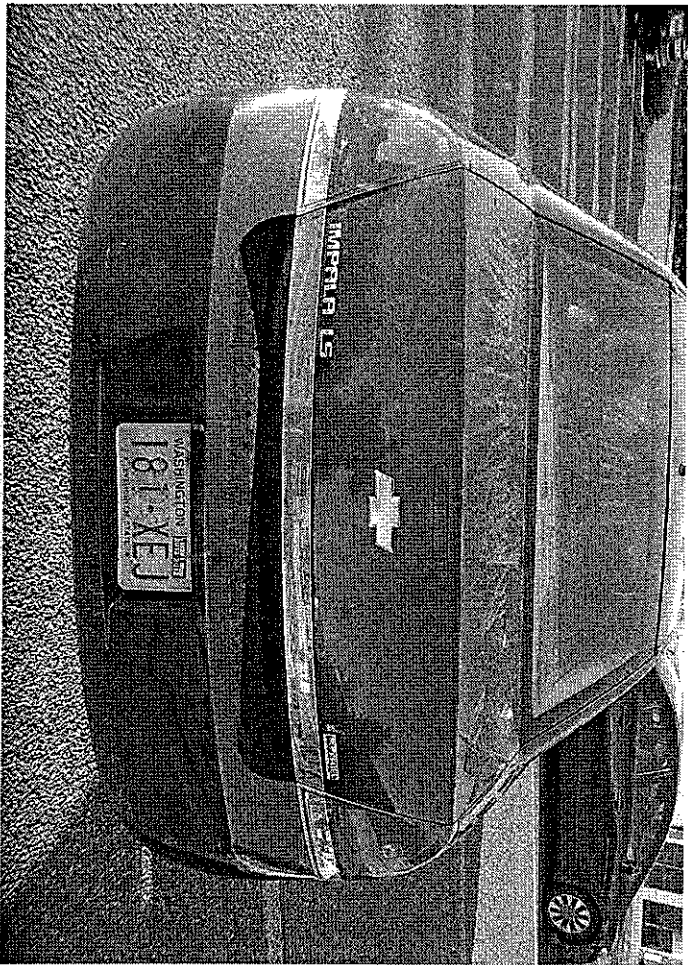


ORIGINAL









ORIGINAL



Closed 09/12/13 08:13:56

Initial Type: ACC Initial Alarm Level: Final Alarm Level:  
Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H  
Police BLK: Fire BLK: Map Page: Group: SS1 Beat: Src: T  
Loc: HS PLOT (NV)

Name: 1922

Addr:

Phone:

```

/0737 (SP0349) $OUTSRV ,NO MORE INFORMATION
/0737 DISPOS SS1922 #SS121 CARTER, OFFICER (DAVID)
,NO MORE INFORMATION
/0737 CROSS #AG13002639
/0738 REMINQ SS1922 VEH, 1922, AFP1307,,,,,,,,,,,,,,,,,
/0738 REMINQ SS1922 VEH, 1922, 946YPK,,,,,,,,,,,,,,,,,
/0738 REMINQ SS1922 VEH, 1922, 946YPK,,,,,,,,,,,,,,,,,
/0739 SUPP LOC: 2908 113 AV NE ,LKS,
NAM: 1922,
TXT: 16YO FEM COMPLAINING OF NECK PAIN
/0751 CROSS #SS13020401
/0752 ASNCAS SS1922 $SS13002289
/0806 (SS121 ) REMINQ SS1922 MDTVEH, 181XEJ,,WA,,,,,,,,,
/0813 *CLEAR SS1922 D/H
/0813 (SP0349) CLOSE SS1922

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ORIGINAL  
LSPD